| CC19, | | | | | | 06599 |
|---|--|---------------------------------|---------------|----------------------|------------|----------------------|
| MARYLAND STATE DEPA | RIMENT OF H | EALTH-BALT | IMORE, | 18 | Reg. | Dist. |
| MEDICAL EXAMINE | R'S CERT | TIFICATE | OF | DEAT | H No. | 116 |
| I. PLACE OF DEATH: | 2 | . USUAL RESIDENCE | E (HOME) C | F DECEASED | | |
| county Dorchester | MARYLAND | STATE Maryla | and cou | NTY Dorc | hester | |
| CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Woolford | LENGTH OF STAY (in this place) 39 Vrs | CITY (If outside con TOWN WOOLS | | s write RURAI | and give | nearest town) |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS (At General Store) | | STREET ADDRESS P.O. | (If | rural, give locat | ion) | / |
| 3. NAME OF (First) (M | iddle) (| Last) | 4. DATE OF | (Month) | (Day) | (Year) |
| (Type or Print) CLAUD | , - 1- 14 - 1 | OOKS | DEATH | JULY | 15 | 1955 |
| 5. SEX: 6. COLOR OR 7. SINGLE, MA WIDOWED, Copecity): M | DIVORCED, | 0.00 | AGE last bi | rthday: IF UND Month | | Hours Min. |
| work done during most of work life, IN | IND OF BUSINESS OR ROUSTRY: General Store | Maryland | (State or fo | reign country): | | ZEN OF WHAT NTRY? |
| 13. FATHER'S NAME: | delierar 20016 | 14. MOTHER'S MAID | EN NAME: | | · Uasia | |
| Joseph W. Brooks | | Nicey Ne | hlie | | | |
| | OCIAL SECURITY No.: 1 | . INFORMANT & AL | | | | |
| (compies) | t known M | rs. Ruby S. 1 | Brooks: | Woolford | , lary | land |
| | | CERTIFICATION | | | INT | ERVAL BETWEEN |
| I. DISEASES OR CONDITIONS DIRECTLY LEADIN | G TO DEATH: | R | -lan | | ON | SET AND DEATH |
| Immediate cause (a) | monar | 7 | 0 000 | | | munus |
| Antecedent cause(s) | | | | | | |
| Diseases or conditions, if any, (b) | | | ********* | | | |
| giving rise to the above cause DUE TO stating underlying cause last (c) | | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS CONTRIBU | TING | | | | | |
| TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING DEATH. | | | | | | |
| 19a. DATE OF OPERATION: 19b. MAJOR FINDIN | G OF OPERATION: | | | | 20. | AUTOPSY? Yes No P |
| PRIMARY Or CONTRIBUTING OF CAUSE OF DEATH. | (Home, farm, factory, street, office bldg., etc., | 21c. (City or town |) | (County) | | (State) |
| 21d. TIME (Month) (Day) (Year) (Hour) 21e. IN Whi | JURY OCCURRED ile at Not while k at work | 21f. HOW DID IN | JURY OCCU | R? | | |
| 22. I hereby certify that I took charge of | the remains describe | ed above, held an | Autopsy [|], Inspection | Ing, Ing | uiry [], and |
| find that death resulted from: Natural | causes , Accide | nt [], Suicide [| , Homic | ide 🔲 , Un | determine | ed cause []. |
| SIGNATURE alfred R. Maryan | | A CTIN CHIEF M. D. ASSIST. | MEDICAL I | EXAMINER EXAMINER | D D | ATE SIGNED |
| | NAME OF CEMETERY | | | N (City, town, | or county) | (State) |
| 23. BURIAL, OREMATION, DATE THEREOF REMOVAL (Specify): | Old Trinity | OR CREMITION! | | | | |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNA | | 24. FUNERAL DIRI | ECTOR - | ch Creek Service | 9 1301.7 | ADDRESS |
| REG. 7-19-55 WH 1 4 MI | e 4h. N. | LeCompte Cambridge | | | | |

DECEDVED JUL 21 1955

BUREAU V. S.

S REARCH EL MELON PERSON ENGLISHED ENGLISHED

| MARGIN RESERVI | UNFADING INK. |
|----------------|---------------|
| 2 | WITH |
|) | PLAINLY, |
| | WRITE |
| | PLEASE |

VS. A15A - 5 - 53

| 6613 MARYLAND STATE DEPARTMENT OF | | 06600 Reg. Dist. |
|---|---|--|
| | TIFICATE OF DEATH | |
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: | 100 |
| COUNTY DOPCHESTER MARYLAND CITY (if outside corporate limits, write RURAL LENGTH OF STAY | STATE DelaWarecounty | of and and |
| Y TOWN Little Choptank River I day | OR | 46x-3 |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | STREET ADDRESS Mean Cannon A | Del 1 |
| 3. NAME OF (First) (Middle) DECEASED: (Type or Print) Eleanor Chaffinch | (Last) 4. DATE (Month) (Day OF DEATH July 4 | (Year) 19 55 |
| Female 6. COLOR OR RACE: WIDOWED, DIVORCED, Specify) Single 6. COLOR OR WIDOWED, DIVORCED, (Specify) Single 6. COLOR OR WIDOWED, DIVORCED, (Specify) Single | E OF BIRTII: 9. AGE last birthday: IF UNDER IS Months D. | YEAR IF UNDER 24 HRS. ays Hours Min. |
| ioa. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): School | R 11. BIRTHPLACE (State or foreign country): 12. | CITIZEN OF WILAT COUNTRY? U.S.A. |
| 13. FATHER'S NAME: A Charling of | 14. MOTHER'S MAIDEN NAME: | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of NO service) | 17. INFORMANT & ADDRESS! | el Delay |
| 18. MEDIC. I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | AL CERTIFICATION | INTERVAL BETWEEN |
| 929.8 Accidental | drowning | ONSET AND DEATH |
| Immediate cause (a) DUE TO | | |
| Antecedent cause(s) Diseases or conditions, if any, (b) | | |
| giving rise to the above cause DUE TO stating underlying cause last | | |
| II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | |
| 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: | | 20. AUTOPSY? Yes No |
| 21a. EXTERNAL CAUSE WAS PRIMARY K or CONTRIBUTING OF Stract, office bidg., etc. INJURY R 1VCY | -10 4 | (State) Md. |
| 21d. Time (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while at work INJURY 7 - 4 - 55 1Pm. Work 1 at work 1 | Cambridge Dor. 216. How DID INJURY OCCUR? Stepped off in deep water | |
| 22. I hereby certify that I took charge of the remains descri | bed above, held an Autopsy , Inspection | , Inquiry [], and |
| find that death resulted from: Natural causes , Accid | dent K, Suicide □, Homicide □, Undeter CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM. | rmined cause DATE SIGNED 7/5/55 |
| 23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL (Specify): | Senetry Sensul | Felaware |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 7-5.55 John Mare m. D. | 24. FUNERAL BIRECTOR Windsor Funeral Home, Seaford, De | ADDRESS |
| // | | |

COLCUS III SHIMILED MINES & LINE & S A DESCRIE July by Will

Herbert M.St.Clair, Jr., Cambridge, Md.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

| 10 | (Bron | m | 0 |
|----|-------|----|-----|
| 1 | by | 63 | 200 |
| 6 | × 3 | - | 13 |

| 1 DIAGE OF DEATH | |
|--|--|
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
| COUNTY Dorchester MARYLAND | STATE Maryland COUNTY Dorchester |
| CITY (If outside corporate limits, write RURAL OR and give nearest town) (in this place) | OR |
| HOSPITAL OR | STREET (If rurai give location) |
| INSTITUTION OR Cambridge-Md, Hospital | ADDRESS (II Paral give location) |
| 3. NAME OF (First) (Middle) | (Last) 4. DATE (Month) (Day) (Year) |
| (Type or Print) JOSEPH BENJAMIN CHE | ESTER DEATH: July 22, 1955 |
| | E OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HR |
| Male Negro (Specify): Married July | 7 11, 1895 60 yrs. Months Dsys Hours Min |
| OA. USUAL OCCUPATION (Give kind of work done during most of working life, OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WH. COUNTRY? |
| Laborer Food Packing | Dorchester County, Md USA |
| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: |
| Richard Chester | Margaret Coleman |
| S. WAS DECEASED EVER IN U.S. ARMED FORCES! (Yes, no, or unk.) (If Yes, give war or dates | 17. INFORMANT & ADDRESS: |
| of service) | Emma Chester, Woolford, Maryland |
| 18. MEDICAL CERTIFICAT | |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | ONSET AND DEA |
| 550.1 mys | ordial-faline Lagra |
| IMMEDIATE CAUSE (A) DUE TO | ways |
| DISEASES OR CONDITIONS, IF ANY. (B) | compocarditis 10 day |
| GIVING RISE TO THE ABOVE CAUSE DUE TOO | The course of |
| STATING UNDERLYING CAUSE LAST. (C) Pritoni | ties of the gangemous 11 % |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | The state of the s |
| TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | nderous |
| 19A. DATE OF OPERATION: 198) MAJOR FINDINGS OF OPERATIO | ON / / 20. AUTOPSY: |
| The I Kinh Fund comment | 2 appardiates Bertontes, YES NO |
| | (11) |
| 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Hople, farm, fac | ctory, 21c. WHERE DID (City or town) (County) (State) ., etc. INJURY OCCUR? |
| 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Hone, farm, factor Contributing Cause of Death Of Injury street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED | etc. INJURY OCCUR? |
| ZIA. ACCIDENT WAS UNDERLYING 218. PLACE (Herle, farm, factor contributing Cause of Death Of Injury street, office bldg., IF EITHER, NOTIFY MEDICAL EXAMINER) ZID. TIME (Month) (Day) (Year) (Hour) 218 INJURY OCCURRED While Not while at work Injury August Injury Not while August Injury Not while Injury In | D 21F. HOW DID INJURY OCCUR? |
| 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Herle, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work at work 22. I hereby certify that I attended the deceased from 12 12 12 12 12 12 12 1 | 21F. HOW DID INJURY OCCUR? 19 7, to 7, 19 7, that I last saw the decease |
| 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Herde, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work 22. I hereby certify that I attended the deceased from 22. I hereby certify that I attended the deceased from 23. I hereby certify that I attended the deceased from 24. I hereby certify that I attended the deceased from 24. I hereby certify that I attended the deceased from 25. I hereby certify that I attended the deceased from 25. I hereby certify that I attended the deceased from 25. I hereby certify that I attended the deceased from 25. I hereby certify that I attended the deceased from 25. I hereby certify that I attended the deceased from 25. I hereby certify that I attended the deceased from 25. I hereby certify that I attended the deceased from 25. I hereby certify that I attended the deceased from 25. I hereby certify that I attended the deceased from 25. I hereby certify that I attended the deceased from 25. I hereby certify that I attended the deceased from 25. I hereby certify that I attended the deceased from 25. I hereby certify that I attended the deceased from 25. I hereby certify that I attended the deceased from 25. I hereby certify that I attended the deceased from 25. I hereby certify that I attended the deceased from 25. I hereby certify that I hereby cer | metc. INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 19 19 19 19 19 19 19 19 |
| 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Heale, farm, factor contributing CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work at work at work 22. I hereby certify that I attended the deceased from alive/on, 19 , and that death occurred at SIGNATURE MM 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETICAL CONTRIBUTION NAME OF CEMETICAL CONTRIBUTI | , etc. INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 19 19 19 19 19 19 19 19 |
| 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Herle, farm, factor contributing CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work 22. I hereby certify that I attended the deceased from alive/on 19 , and that death occurred at SIGNATURE | m. D. ALLERY OCCUR? D 21f. HOW DID INJURY OCCUR? 19 , to , 19 , that I last saw the decease the many of the date stated above. ADDRESS DATE SIGNED |

VS. A15

MARGIN RESERVED FOR BINDING

BUREAU V. S.

1055 JUL 29 1955

BECEINED

MARGIN RESERVED FOR BINDING

| MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 | 06602 |
|---|-------|
|---|-------|

| MARILAND STATE | DEPARTMEN | I OF HEALTH | -BALTIMORE, | 18 1100.15 |
|---|---|-------------------|--------------------------------|-------------------------------------|
| 6597 CEF | RTIFICATE | OF DEAT | TH Reg. | Dist. No. //6 |
| 1. PLACE OF DEATH: | | 2. USUAL RESIDE | NCE (HOME) OF DECE | ASED: |
| county Dorchester | MARYLAND | CTATE Many | land county I | Oorchester |
| CITY (If outside corporate limits, write RURAL) | | | | AL and give nearest town) |
| OR and give nearest town) | (in this place) | OR | | 12 |
| HOSPITAL OR | 3 weeks | STREET | bridge | /O |
| INSTITUTION OR CAMBridge Marylar | nd Hospital | ADDRESS 20 | | |
| 3. NAME OF (First) (Mid | dle) (| Last) | 4. DATE (Month) | (Day) (Year) |
| (Type or Print) NELLIE MA | | OTT | DEATH: JULY | 17 19 55 |
| 5. SEX: 6. COLOR OR 7. SINGLE, MARR WIDOWED, DIV (Specify): Marr | ORCED | The second second | AGE last birthday IF uno Month | |
| IOA. USUAL OCCUPATION (Give kind of 108. KIND | OF BUSINESS | II. BIRTHPLACE | State or foreign country): | 12. CITIZEN OF WHAT |
| 26 | ndustry: Iome | Maryland | | U.S.A. |
| 13. FATHER'S NAME: | | 14. MOTHER'S MA | IDEN NAME: | |
| Jerry Lewis | | Hary Park | er | |
| | CIAL SECURITY NO. | 17. INFORMANT & | | |
| (Yes, no, or unk.) (If Yes, give war or dates not | known | Everett Ell | iott: Cambridge | , Maryland |
| I DISEASES OR CONDITIONS DIRECTLY LEADIN | DICAL CERTIFICAT | ION | | INTERVAL BETWEEN ONSET AND DEATH |
| / // X IMMEDIATE CAUSE (A) | Carcin | our of | ceron | 14 mos - |
| ANTECEDENT CAUSE (S) | | | | |
| DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO | | | | |
| (c) | 2.12 E. E. E. E. C. P. | | | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | JTING | | | |
| 19A. DATE OF OPERATION: 19B. MAJOR FINDI | GS OF OPERATION | | | 20. AUTOPSY? |
| 0 | | | | YES NO |
| OR CONTRIBUTING CAUSE OF DEATH OF INJUR | CE (Home, farm, fact Y street, office bldg., | etc. INJURY OCCUP | | County) (State) |
| OF INJURY (Month) (Day) (Year) (Hour) 21E I While at wo | NJURY OCCURRED Not while at work | 21F. HOW DID II | NJURY OCCUR? | |
| 22. I hereby certify that I attended the dece | ased from | 0. 19/0 to /- | 17. 19 5: that I | last saw the deceased |
| 2 12 41 7 | death occurred at | 1 46 | e causes and on the d | |
| 23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY) 7-20-1955 | Greenlawn C | emetery | Cambridge, N | |
| DATE REC'D BY LOCAL REGISTRAR'S SIGN | ATURE / | 24. FUNERAL D | RECTOR | ADDRESS |

BUREAU V. S.

S61 12 JIII

| | U | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 | 06693 |
|-------------|---------------|---|--------------------------------|
| E C | | 6598 CERTIFICATE OF DEATH Reg. Dist | . No. 46 |
| | oly. | 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASE | D: |
| M | and legibly | COUNTY DOTCHESTER. MARYLAND CITY (IT outside corporate limits, write RURAL OR AMBRIDGE MARYLAND STATE MARYLAND COUNTY TA CITY (IT outside corporate limits, write RURAL OR TOWN TRAPPE | LBOT and give nearest town) |
| M) | learly | HOSPITAL OR INSTITUTION OR STREET ADDRESS ADDRESS (If rural give location) HOME. | / |
| | | (Type or Print) WILLIAM EDWARD FAULKNER DEATH: JULY | Day) (Year) 2/ 1955 |
| | Jo | PACE. WIDOWED DIVORCED | Days Hours Min. |
| DING | | work done during most of working life. even if retired: ARM LABOR. 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: | COUNTRY? |
| | rite | WILLIAM FAUL RNER. 15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates | PRTY |
| FOR | ease v | of service) no. The Harry facility | |
| ERVED | plea | 18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN |
| RESERVED | ans: | IMMEDIATE CAUSE (A) AYPERTIENSION DUE TO | OYKS |
| MARGIN RESE | De la | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. ARTICAL 10 SCLIR 05/5 DUE TO | 10 YR 5 |
| AR | ant. | (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | |
| Z ; | important. | TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH | |
| | 2 | 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
| | especially | 21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) (Coun OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc. INJURY OCCUR? | ty) (State) |
| | - | OF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work 21F. HOW DID INJURY OCCUR? | |
| | orrect age is | 22. I hereby certify that I attended the deceased from SAPISA 1933 to 2/04/1933, that I las alive on 304 y, 1953, and that death occurred at 1/.25 M, from the causes and on the date SIGNATURE | |
| 119 | 12 0 | 23. BURIAL, CREMATION. DATE THEREOF NAME OF CHETERY OR CREMATORY LOCATION (City, town, or REMOVAL (SPECIFY) 7-73-55. UPPER BAMBURU TRAVES TALBO | r county) (State) |
| V.S. | PLEA | DATE RECID BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR REGISTRAR 7-25-55 WAN STACE 1/2. D. MILLERICE EN EWNAM SON | ADDRESS J. EASTON MD |

DECEINED SECTION

BUREAU V. S.

10 Se 1622

VS. A15 — 10 - 53

| I. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: | |
|--|--|-------|
| COUNTY Dorchester MARYL | AND STATE METHAND COUNTY DEChesT | - |
| CITY (If outside corporate limits, write RURAL, LENG | TH OF STAY CITY(If outside corporate limits, write RURAL and give nearest | town) |
| OR and give nearest town) (in Y TOWN rural Cambridge | this place) OR TOWN Cambridge 113 | |
| HOSPITAL OR INSTITUTION OR | STREET (If rural give location) | |
| 16 STREET ADDRESS Bastern Shore State Ho | spital 107 PeachbLossom | |
| 3. NAME OF (First) (Middle) | (Last) 4. DATE (Month) (Day) (Year | r) |
| (Type or Print) RJTA | ELTINS DEATH: JULY 23 195 | 55 |
| 5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. WIDOWED. DIVORCED (Specify): 7. SINGLE. MARRIED. WIDOWED. DIVORCED | atomato Days atoms | Min. |
| OA. USUAL OCCUPATION (Give kind of los. KIND OF E work done during most of working life. OR INDUST | BUSINESS 11. BIRTHPLACE (State or foreign country): [12. CITIZEN OF | WHAT |
| even if retired); | mery Land USA | |
| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | |
| Frank Langford | ? Gillis | |
| (Yes, no, or unk.) (If Yes, give war or dates | CURITY NO. 17. INFORMANT & ADDRESS: | ,71 |
| of service) | Moshital Arecords Cambrid | 194 |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO 33/X IMMEDIATE CAUSE ANTECEDENT CAUSE (5) | rebral Haemarrhage onset and | DEATH |
| DISEASES OR CONDITIONS, IF ANY, (B) | | |
| STATING UNDERLYING CAUSE LAST. | | |
| | | |
| (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | F OPERATION 20. AUTOR | PSY? |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | F OPERATION 20. AUTOF | / |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF DISEASE OR CONTRIBUTING CAUSE OF DEATH OF INJURY street | me, farm, factory, 21c. WHERE DID (City or town) (County) (State | ·P |
| TO THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF DISEASE OR CONDITION: 19B. MAJOR FINDINGS OF DISEASE OR CONDITIONS DIS | me, farm, factory, 21c. WHERE DID (City or town) (County) (State | · P |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF 21A. ACCIDENT WAS UNDERLYING OF INJURY STREET OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY While at work | me, farm, factory. etc. INJURY OCCUR? OCCURRED 21f. HOW DID INJURY OCCUR? Not while 21f. HOW DID INJURY OCCUR? | e) |
| TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF 21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF TINJURY 22. I hereby certify that I attended the deceased for the contribution of | me, farm, factory. ct. NHERE DID (City or town) (County) (State of the first of the county) (State of the county) (County) (County) (State of the county) (State of the county) (County) (State of the county) (County) (Co | eased |
| TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF 21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH OUT EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E INJURY While at work 22. I hereby certify that I attended the deceased for alive on 22. 1955, and that death SIGNATURE | me, farm, factory. 21c. WHERE DID (City or town) (County) (State, office bldg., etc. INJURY OCCUR? OCCURRED Not while at work Trom 128, 1955, to 12, 23, 1955, that I last saw the decoccurred at 3 M, from the causes and on the date stated above. ADDRESS DATE SIGNED M. D. 23 -3 | eased |
| TO THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 22. I hereby certify that I attended the deceased f alive on 22., 1955, and that death SIGNATURE 23. BURIAL, CREMATION, DATE THEREOF NAME REMOVAL (SPECIFY) | me, farm, factory. 21c. WHERE DID (City or town) (County) (State, office bldg., etc. INJURY OCCUR? OCCURRED 21f. HOW DID INJURY OCCUR? Not while at work M, from the causes and on the date stated above. ADDRESS DATE SIGNED M. D. Carrier M, A 1955 (City or town) (County) (State of town) (County) (County) (State of town) (County) (Coun | eased |

BUREAU V. S.

1955 JUL 25 1955

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH

6615

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. //6

| 1. PLACE OF DEATH- | 2. USUAL RESIDENCE (HOME) OF DECEASED- | |
|--|--|--|
| COUNTY | STATE COUNT | TY A |
| DORCHESTER MARYLAND | MARYLAND | DORIHESTER |
| CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place) | CITY (If outside corporate limits, write RURAL and g | ive nearest town) |
| N TOWN FISHING (REEK 14RS | TOWN FISHING GOFFK | X |
| HOSPITAL OR | STREET (If rural, give location) | 1 |
| INSTITUTION OR STREET ADDRESS | ADDRESS ACENE | / |
| 3. NAME OF (First) (Middle) | (Last) 4. DATE (Month) | (Day) (Year) |
| (Type or Print) ARMER (EARL) | (DORODA) DEATH JULY | 2.8 1955 |
| 5. SEX 6. COLOR OR RACE 7 SINGLE, MARRIED, WIDOWED, DIVORCED, | S. DATE OF BIRTH 9. AGE last birthday Il unde | r I year If under 24 hrm. |
| MALE WHITE WIDOWED, DIVORCED, (Specify) MARGIED | 157. 19. 1894 60 VE. Months | Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work 10h. KIND OF BUSINESS OR | | 12. CITIZEN OF WHAT |
| done during most of working life, even if retired) INDUSTRY | Dean | COUNTRY? |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | U.SA. |
| 11 | 11 | |
| THNER CORDIN | VINCETTA OLLBERT | |
| 15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. Yes, no, or unknown) (II yes, give war or dates of | 17. INFORMANT AND ADDRESS | |
| 4F5 V service) WWI 2/7/6/487 | MAS, LIDA ST. CORDIN, TISHING | GREEK MD. |
| 18. MEDICAL CE | ERTIFICATION | |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
| | | |
| 1/27 4 1. 1. | | 2 |
| Antanodanio Cause | carcin omatosis | ? |
| Intino and Country | carcinomatosis Carcinoma, left lung | ? ? |
| Antecedent cause(s) Diseases ar canditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not | | ? ? |
| Antecedent cause(s) Diseases ar canditions, it any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS | . carcinoma, left lung | I so AVERANCE |
| Antecedent cause(s) Diseases ar canditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing tn the death but not related to the disease or condition causing death. | | I so AVERANCE |
| Antecedent cause(s) Disease in conditiona, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERATION Mark 1955 Biops PLACE (Home, farm, factory, street, SUICIDE OF office bidg, etc.) | . carcinoma, left lung | 20. AUTOPSY? Yes \(\text{No.} \) |
| Antecedent cause (s) Disease nr ennditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing tn the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION Mach // 155 Biopsy / ymash node 21. ACCIDENT (Specify) SUICIDE SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED | - Carcinoma, left lung | 20. AUTOPSY? Yes \(\text{No.} \text{No.} \text{X} |
| Antecedent cause (s) Disease nr canditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. IPA. DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERATION Mach 1 135 Biops y yman n de II. ACCIDENT (Specify) SUICIDE HOMICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While | -> Squamous cell carsinoma (CITY OR TOWN) (COUNTY | 20. AUTOPSY? Yes \(\text{No.} \text{No.} \text{Y} |
| Antecedent cause(s) Diseases ar enaditiona, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 19c. Major Findings of OPERATION 19c. Major Findings of OPERATION 19d. Major | Carcinoma, /eff /ung -> 5quamous cell carsinoma (CITY OR TOWN) (COUNTY HOW DID INJURY OCCUR? | 20. AUTOPSY? Yes No No (STATE) |
| Antecedent cause(s) Diseases ar canditiona, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 19c. (Specify) 19b. MAJOR FINDINGS OF OPERATION 19c. (C) 19c. (C) 11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 19c. (Home, farm, factory, street, OF office bidg., etc.) 1NJURY 11 ME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Mork At work At work | Carcinoma, /eff /ung -> 5quamous cell carsinoma (CITY OR TOWN) (COUNTY HOW DID INJURY OCCUR? | 20. AUTOPSY? Yes No No (STATE) |
| Antecedent cause(s) Diseases ar conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION ACCIDENT SUICIDE TIME (Month) (Specify) OF office bidg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY TIME (Month) (Day) (Year) (Hour) While at Not While Work At work 22. I hereby certify that I attended the deceased from | Carcinoma, /eff /ung -> 5quanous cell carsinoma (CITY OR TOWN) (COUNTY HOW DID INJURY OCCUR? /2, 19.5.5, to | 20. AUTOPSY? Yes No No (STATE) |
| Antecedent cause (s) Diseases nr ennditiona, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing tn the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERATION MALL 195. 21. ACCIDENT (Specify) PLACE (Home, Iarm, Iactory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY INJURY 22. I hereby certify that I attended the deceased from alive on 144 y 185, and that death occurred at 8. | Carcinoma, /eff /ung -> 5quanous cell carsinoma (CITY OR TOWN) (COUNTY HOW DID INJURY OCCUR? 12, 19.5.5, to | 20. AUTOPSY? Yes No (STATE) saw the deceased stated above. |
| Antecedent cause (s) Disease in canditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing in the death but not related to the disease or condition causing death. 192. DATE OF OPERATION 194. MAJOR FINDINGS OF OPERATION 201. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) 1. IME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY 22. I hereby certify that I attended the deceased from Marker of the control | Carcinoma, /eff /ung -> 5quanous cell carsinoma (CITY OR TOWN) (COUNTY HOW DID INJURY OCCUR? 2, 19.5.5, to | 20. AUTOPSY? Yes No X () (STATE) saw the deceased stated above. DATE SIGNED |
| Antecedent cause (s) Diseases nr canditions, if any, giving rise to the shove cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERATION 19a. DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) 1NJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY 22. I hereby certify that I attended the deceased from 24. A work 1. 19.5., and that death occurred at SIGNATURE. (Degree or titie) | Carcinoma, /eff /ung -> 5quanous cell carsinoma (CITY OR TOWN) (COUNTY HOW DID INJURY OCCUR? 2, 19.5.5, to | 20. AUTOPSY? Yes No (STATE) saw the deceased stated above. |
| Antecedent cause(s) Diseases nr ennditions, if any, giving rise to the shove cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION Mach 12, 135 Biopsy ymach node 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY 22. I hereby certify that I attended the deceased from alive on July 18, 1955, and that death occurred at a SIGNATURE SIGNATURE SIGNATURE Committee Committee (Degree or title) | Carcinoma, /eff /ung -> Squamous cell carsinoma (CITY OR TOWN) (COUNTY HOW DID INJURY OCCUR? 12, 19.5.5, to | 20. AUTOPSY? Yes No X () (STATE) saw the deceased stated above. DATE SIGNED |
| Antecedent cause (s) Disease nr ennditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing in the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERATION 19a. DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERATION 19a. LACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) 1NJURY 1TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY 22. I hereby certify that I attended the deceased from 22. I hereby certify that I attended the deceased from 31 SIGNATURE (Degree or title) 31 SIGNATURE (Degree or title) | Carcinoma, /eff /ung -> 5quanous cell carsinoma (CITY OR TOWN) (COUNTY HOW DID INJURY OCCUR? 2, 19.5.5, to | 20. AUTOPSY? Yes No No No (STATE) saw the deceased stated above. DATE SIGNED |
| Antecedent cause (s) Disease nr ennditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing tn the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERATION 19a. DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) 1NJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY INJURY 22. I hereby certify that I attended the deceased from SIGNATURE alive on 1414 1815, and that death occurred at SIGNATURE SIGNATURE SIGNATURE SIGNATURE SURIAL CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) Jaly 30, 1955 | Carcinoma, /eff /ung County How Did Injury occur? County How Did Injury occur? 12, 19.5.5, to | 20. AUTOPSY? Yes No No No (STATE) saw the deceased stated above. DATE SIGNED (1/28,/953) nty) (State) |
| Antecedent cause(s) Diseases ar canditiona, If any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERATION Mach 195 Siops PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from Mark alive on May 185, and that death occurred at SIGNATURE. SIGNATURE: Level 19 Server 19 Serve | Carcinoma, /eff /ung -> Squamous cell carsinoma (CITY OR TOWN) (COUNTY HOW DID INJURY OCCUR? 12, 19.5.5, to | 20. AUTOPSY? Yes No X () (STATE) saw the deceased stated above. DATE SIGNED |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

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VS. A15

BUREAU V. S.

DECEDAED

(State)

6599

James U. Showkson

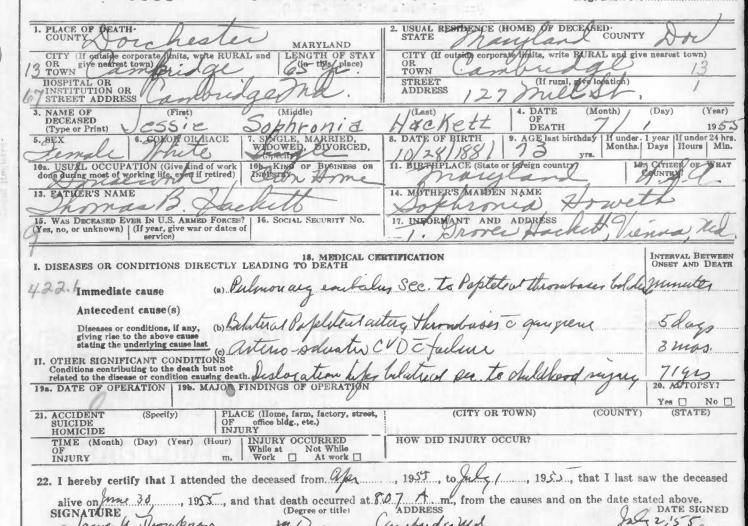
REGISTRAR'S SIGNATURE

23/BORIAL, CREMATION

DATE REC'D BY LOCAL

CERTIFICATE OF DEATH

Reg. Dist. No. 116



24. FUNERAL DIRECTOR



OBVIEDELVE 2001 11 JUL

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

| MEDICAL | EXAMINER'S | CERTIFICATE | OF | DEATH | No |
|---------|------------|-------------|----|-------|------|
| | | | | | 4104 |

| MEDICAL EXAMINER'S CEI | KTIFICATE OF DEATH | No |
|--|--|---|
| I. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: | |
| COUNTY Dorchester MARYLAND | STATE Maryland county Dorchest | ter |
| CITY (If outside corporate limits, write RURAL OR and give nearest town) Cambridge LENGTH OF STA (in this place) | Y CITY (If outside corporate limits write RURAL and OR TOWN Cambridge | give nearest town) |
| HOSPITAL OR INSTITUTION OR | STREET (If rural, give location) ADDRESS 415 Henry Street | 1 |
| 3. NAME OF (First) (Middle) | (Last) 4. DATE (Month) (Day) | (Year) |
| DECEASED: (Type or Print) Frank Chase | Haring Sr. OF DEATH 7 23 | 19 55 |
| | TE OF BIRTH: 9. AGE last birthday: IF UNDER 1 Y . 10,1891 | BAR IF UNDER 24 HRS. ys Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS work done during most of work life, INDUSTRY: | OR 11. BIRTHPLACE (State or foreign country): 12. Cambridge | CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | |
| Elijah P.Haring | Henrietta L. Westbrook | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: | |
| (Yes, no, or unk.) (If Yes, give war or dates of 217-10-8041 | Norma T. Haring, 415 Henry St., Camb | ridge |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | ICAL CERTIFICATION | INTERVAL BETWEEN ONSET AND DEATH |
| Immediate cause (a) Coronar DUE TO | y embolus | 15 minul |
| Antecedent cause(s) | | |
| Diseases or conditions, if any, (b) | | |
| giving rise to the above cause DUE TO stating underlying cause last (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | |
| 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: | | 20. AUTOPSY? |
| PRIMARY Or CONTRIBUTING OF street, office bldg., et | ry, 21c. (City or town) (County) | (State) |
| PRIMARY or CONTRIBUTING OF street, office bldg., et CAUSE OF DEATH. INJURY 2Id. TIME (Month) (Day) (Year) (Hour) 21e, INJURY OCCURRED | 21f. HOW DID INJURY OCCUR? | |
| OF While at Not while INJURY M. work ☐ at work ☐ | | |
| 22. I hereby certify that I took charge of the remains descri | | |
| find that death resulted from: Natural causes D, Acc | cident [], Suicide [], Homicide [], Undeter | |
| alfred R. Maryanor | CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM. | - 7/23/ST |
| REMOVAL (Specify): | ERY OR CREMATORY LOCATION (City, town, or con Cambridge, Md. | unty) (State) |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | A FUNERAL DIRECTOR | ADDRESS |

- 53 VS. A15A - 5 PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

BUREAU V. E

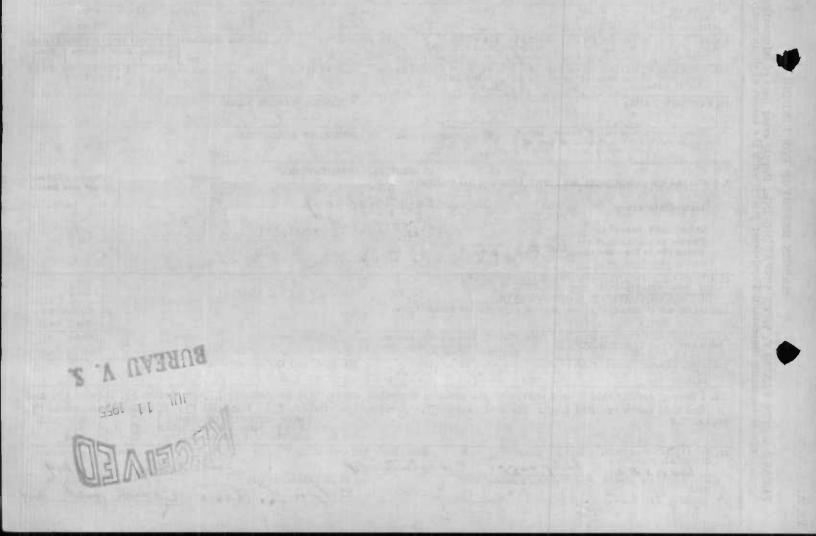
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VS. A15A - 5 - 53

| MEDICAL : | EXAMINER'S | S CERT | IFICATE | OF] | DEATH | No. 116 |
|---|--|---------------------|---------------------|------------------------|--------------------|---|
| 1. PLACE OF DEATH: | | 2 | . USUAL RESIDENCE | E (HOME) OF | DECEASED: | |
| COUNTY X QUE | heater MAT | RYLAND | STATE May | Paudcoun | TY (Vere | us anne & |
| CITY (If outside corporate l OR and give nearest town | imits, write RURAL LENG | GTH OF STAY | CITY (If outside to | orporate limits | write RURAL a | nd give nearest town) |
| X TOWN Rural - C | ambridge 1 | slar. | TOWN Ch | well | Hiel | 17x-2 |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | tery Thors State | Mogrital | STREET | 10 8tre | ral, give location | |
| 3. NAME OF DECEASED: (First (First Print)) | 2ten W. | Hollie | igsworth | 4. DATE OF DEATH | (Month) (De | (Year) 19 5 3 |
| 5. SEX: 6. COLOR O. RACE: White | WIDOWED, DIVOR (Specify): Mary | CED. 8-20 | of Birth: 9. | AGE last big | | YEAR IF UNDER 24 HRS. Days Hours Min. |
| 10a. USUAL OCCUPATION (work done during most even if retired): | | | 11. BIRTHPLACE | (State or fore | ign country): 1 | 2. CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S NAME: | B. Halling | sworth) | 4. MOTHER'S MAID | EN NAME: | ore | |
| 15. WAS DECEASEO EVER IN U.S. (Yes, no, or unk.) (If Yes, give service) | | Scurity No.: 15 | COULS - 2 | DRESS: | Show & | late Hopilas |
| | | | CERTIFICATION | | | INTERVAL BETWEEN |
| I. DISEASES OR CONDITION | S DIRECTLY LEADING TO I | DEATH: | 0 | | | ONSET AND DEATH |
| Immediate cause | (a) /eme | nal Dr | rucho-pul | unso | ua | 2 dags |
| Antecedent cause(s) | DUE TO | - O - 1. | Carlo De al. A | R. C. | 1 Failure | a Doce |
| Diseases or conditions, if a | | receivee | Ci. Vagrence | or vully | urlace | 1 days |
| giving rise to the above c stating underlying cause | last (c) Mer-Tr | rochautere | e Frost. 1 | OF- FE | emas | 9 days |
| II. OTHER SIGNIFICANT CO. TO THE DEATH BUT DISEASE OR CONDITION | NOT RELATED TO THE | acuts (| Brain Lyr | relique | | 1 seast |
| 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF | OPERATION: | | | | 20. AUTOPSY? |
| 21a. EXTERNAL CAUSE WAS | S / 21b. PLACE (Home | form factory | 21c City or town | | (County) | Yes No [] |
| PRIMARY OF CONTRIBUT | ring OF street, | office bldg., etc., | Tampria | 45 2 | ocahente | E mayland |
| OF INJURY JUNE 2) | Year) (Hour) 21e. INJURY While at work □ | Not while at work | 211. HOW DID IN | on Ho | orx fel | el |
| | I took charge of the rea | | | | | |
| find that death result | ted from: Natural cause | es [], Acciden | | , Homicid | | ermined cause . |
| Platsida H | h) Leff us | Ω | DEPUTY | MEDICAL I | EXAMINER | 77-1- |
| 23 BURIAL CREMATION, | DATE THEREOF NAME | OF CEMETERY | OR CREMATORY | | (City, town, or | county) (State) |
| REMOVAL (Specify): | July 9-55 C | hesterfic | ed | Cen | length | my |
| DATE REC'D BY LOCAL | REGISTRAR'S SIGNATURE | | 24. FUNERAL DIRE | CTOR | 00 | ADDRESS |
| July 7, 1955 | tolan Mace. m | 1.00. | caya d | dan | e Chan | in Huer may |



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Physicians:

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DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S

SIGNATURE

VS.

| MARYLAND STATE DEPART Item 9, FilmG184 8-4-5 | MENT OF HEALTH—BALTIMORE, 18 06609 |
|--|---|
| CERTIFIC CERTIFIC | ATE OF DEATH Reg. Dist. No. 1/6 |
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
| COUNTY Dorchester MARYLAND | STATE Maryland COUNTY Dorchester |
| CITY (If outside corporate limits, write RURAL or and give nearest town) Cambridge Cambridge CITY (If outside corporate limits, write RURAL (in this p | CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Toddville |
| HOSPITAL OR INSTITUTION OR STREET ADDRESSCAMBRIDGE-Maryland Hospital Research | spital STREET (If rural give location) spital Toddville, Md. |
| 3. NAME OF (First) (Middle) DECEASED: (Type or Print) Mosdia Harrison | Jones 4. DATE (Month) (Day) (Year) OF July 23,1955 |
| PACE: WIDOWED DIVORCED | eb. 2, 1872 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 Has. Months Days Hours Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if rehiousewife | Toddville 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S NAME: William Harrison | 14. MOTHER'S MAIDEN NAME: Susan Jones |
| (Yes, no, or unk.) (If Yes, give war or dates of service) no none | Kenneth R. Jones, Cambridge, Md. |
| 18. MEDICAL CERT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATI | |
| | bral hemonlage 23 days |
| ANTECEDENT CAUSE (S) | |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO | |
| (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | |
| TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | arterioscleros; undet. |
| 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPE | RATION 20. AUTOPSY? |
| 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, fa OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office (IF EITHER, NOTIFY MEDICAL EXAMINER) | rm, factory, ce bldg., etc. 21C. WHERE DID (City or town) (County) (State) |
| 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCC OF INJURY M. 21E INJURY OCC While Not we at work at work | hile — |
| 22. I hereby certify that I attended the deceased from alive on | red at 2; 50 M, from the causes and on the date stated above. ADDRESS ADDRESS |
| ached R. manyamor | M.D. 136 Rue N. Cambrille 7/25/55 |
| 23. BURIAL, CREMATION, DATE THEREOF NAME OF REBUTION July 25, 55 Robin | son Family Cemetery, Bishops Head, Md. |

Kenneth R. Thomas

, Cambridge, Md.

BUREAU V. S.

INK.

WITH UNFADING

PLAINLY,

MARGIN RESERVED FOR BINDING

The

Supply every item of information carefully.

| MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 166 | IARYLANI | TATE DEPARTME | ENT OF HEALTH- | -BALTIMORE, | 18 | 0661 |
|---|----------|---------------|----------------|-------------|----|------|
|---|----------|---------------|----------------|-------------|----|------|

| MARYLAND STATE DEPA | ARTMEN. | r OF HEAL | TH—BA | ALTIMO | RE, 18 | 3 | Ti | , |
|---|------------------|-------------------|------------|----------------|------------|-----------|---------|---------|
| 66)2 CERTIF | ICATE | OF DE | ATH | | Reg. D | ist. No | . 116. | ٠٠٠ ٠٠٠ |
| 1. PLACE OF DEATH: | | 2. USUAL RES | IDENCE (| HOME) OF | DECEA | SED: | | |
| COUNTY Dorchester MARYLA | ND | STATE | arvlan | d count | Y Do | rches | ton | |
| CITY (If outside corporate limits, write RURAL) LENGT | H OF STAY | CITY(If outs | | | | | | t town) |
| /3 TOWN Cambridge | piace) | TOWN | Cambrid | - | | 1910 | 1 | 3 |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS 536 Race Street | | STREET ADDRESS | 536 Ra | ce Stre | | on) | / | |
| 3. NAME OF (First) (Middle) DECEASED: | (| Last) | | DATE (M | onth) | (Day) | (Ye | ar) |
| (Type or Print) TIMOTHY | JONE | | | OF DEATH: J | ULY | 7 | 19 | 5 |
| 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed | 8. DATE | OF BIRTH: | 9. AGE | ast birthday | Months | Days Days | Hours | Min. |
| NOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant General Marc | RY: OWN | Marylan | PERCENTAGE | foreign cou | intry): 1 | Z. CITI | ZEN OF | WHAT |
| 13. FATHER'S NAME: | 1101101101 | 14. MOTHER'S | | NAME: | 1 | 0.0. | AL . | |
| Silas Jones | | Rachee | el Prit | chett. | | | | |
| 15. WAR DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECT | JRITY NO. | 17. INFORMAN | | | | | | |
| (Yes, no, or unk.) (If Yes, give war or dates unknown of service) not kno | wn | Mrs. T.M. | Hurle | y: Camb | ridge | , Md. | | |
| 18. MEDICAL | | | 1 | | | | ERVAL B | ETWEEN |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO D | EATH | 1 0 | | 0 | | ONS | SET AND | DEATH |
| IMMEDIATE CAUSE (A) | (200 | In I | han | work | une | 1 | 20 d | aus |
| ANTECEDENT CAUSE (8) | | | | | 9 | | | 1 |
| DISEASES OR CONDITIONS, IF ANY, (B) | | | | | | | | |
| GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. | | | | | 236 | | | |
| (C) | | | | | | | | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | | | | | | | |
| 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF | OPERATION | | | | | 20 | D. AUTO | PSY2 |
| 0 | | | | | | YE | | но 🗌 |
| 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Hom OR CONTRIBUTING CAUSE OF DEATH OF INJURY street (IF EITHER, NOTIFY MEDICAL EXAMINER) | e, farm, facto | etc. 21c. WHERI | | ty or town) | (Co | unty) | (St | ite) |
| | OCCURRED to work | 21F. HOW DI | D INJURY | OCCUR? | | | | |
| 22. I hereby certify that I attended the deceased from | om 6 / | , 19.55, to | 7/- | , 19 J. | that I la | ast sav | the de | ceased |
| alive on 7/7, 1950, and that death o | / / | | | | | | | |
| - (truster o Maryouter | М. | 127 | Care 17 | r. Cam | inde ! | har | 2/ | 11/17 |
| REMOVAL (SPECIFY) | OF CEMETE | RY OR CREMATO | | CATION (C | | | | (State) |
| Burial 7-10-1955 East | New Mark | cet Cemeter | YE | ast New | Mark | et, l | laryLa | ına |

correct age is especially important. Physicians: please write the causes of death clearly and legibly. TYPE OR WRITE PLEASE

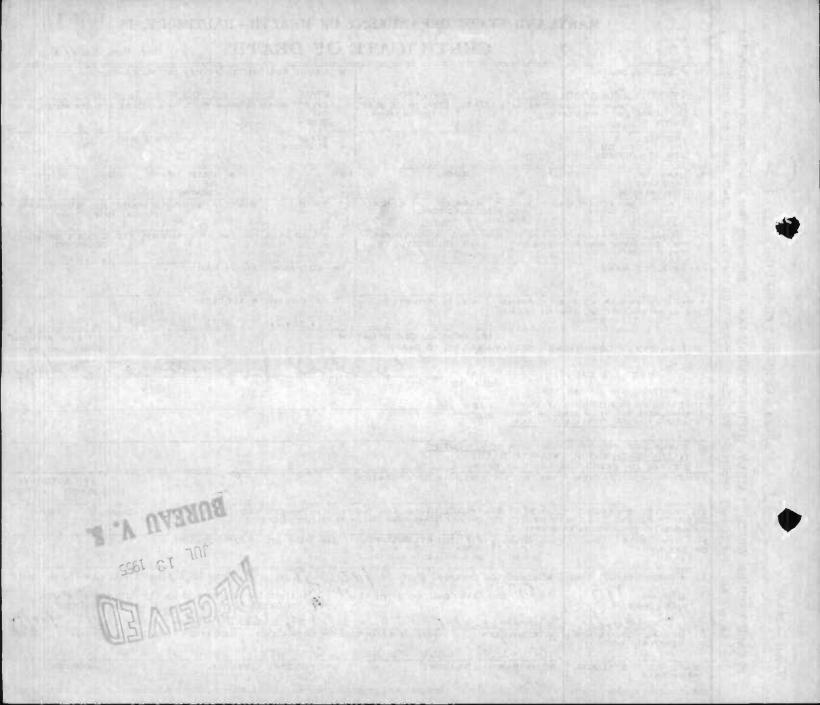
Burial DATE REC'D BY LOCAL REGISTRAR

7-11-55

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR LeCompte Funeral ADDRESS

Service



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 () 6611 CERTIFICATE OF DEATH Reg. Dist. No. //6 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY Dorchester STATE Maryland COUNTY Dorchester MARYLAND (If outside corporate limits, write RURAL) LENGTH OF STAY CITY(If outside corporate limits, write RURAL and give nearest town) and give nearest town) (in this place) OR TOWN Rural Cambridge Cambridge HOSPITAL OR STREET (If rural give location) INSTITUTION OR ADDRESS STREET ADDRESS Daniel Smith Farm Daniel Smith Farm NAME OF (First) (Middle) (Last) 4. DATE (Month) (Dav) (Year) DECEASED: KINNAMON DEATH: JULY 1955 (Type or Print) SINGLE, MARRIED, 8. DATE 6. COLOR OR 7. OF BIRTH: 9. AGE last birthday IF UNDER I YEAR IF UNDER 24 Hee WIDOWED .. DLVORCED. Months Days Hours 1-17-1879 (Specify): Wldowed OA. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT 108. KIND OF BUSINESS work done during most of working life, even if retired): HOUSEWITE ORLINDUSTRY: COUNTRY? Own Home Maryland 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: Levin H Hurley Octavia E. Langrall 17. INFORMANT & ADDRESS: IS. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO. (Yes, no or unk.) (If Yes, give war or dates Mrs. Daniel Smith: RFD Cambridge, Md. none of service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH (A) IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 20 21a. ACCIDENT WAS UNDERLYING | 21B. PLACE (Home, farm, factory, OR CONTRIBUTING | CAUSE OF DEATH OF INJURY street, office bldg., etc. 218. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County) (State) INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 210. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? at work at work 22. I hereby centify that I attended the deceased from 10-6-, 1957 to 7-2+, 1955, that I last saw the deceased 4.05 M, from the causes and on the date stated above. 19 53 and that death occurred at alive on ! SIGNATURE ADDRESS DATE SIGNED. LOCATION (City, jown, or county) NAME OF CEMETERY OR CREMATORY 23. BURIAL, CREMATION REMOVAL (SPECIFY) East New Market Cemetery! East New Market , Laryland

24. FUNERAL DIRECTOR

lambridge.

LeCompte Funeral

ADDRESS

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Maryland

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1955 JUL 27 1955

BUREAU V. K.

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| | TINE A DINE | DATE PRINTED | age is especially important. Physicians: please write the cau |
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. carefully. The correct and legibly. MEDICAL EXAMINER'S CERTIFICATE DEATH No. 116. I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: Dorchester STATE COUNTY Dorchester COUNTY MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits write RURAL and give nearest town) OR and give nearest town)
TOWN Cambridge (in this place) TOWN Cambridge yr. STREET (If rural, give location) HOSPITAL OR INSTITUTION OR R.F.D. (Phillips farm) ADDRESS STREET ADDRESS Pine Street 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED: Little Harvey July (Type or Print) DEATH 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday: | IF UNDER I YEAR | IF UNDER 24 HRS. WIDOWED, DIVORCED, (Specify): Married April Months Days Male 15. 1903 10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WILAT COUNTRY? work done during most of work life, INDUSTRY: North Carolina even if retired) Laborer Farm labor 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: John Little Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO .: 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of service) Arthur Cook, Cambridge, Maryland NO 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: ONSET AND DEATH Heat Stroke Immediate cause (a) .. DUE TO Antecedent cause(s) Diseases or conditions, if any, (b).. giving rise to the above cause DUE TO stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes No X (State) 21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory, 21c. (City or town) (County) PRIMARY () or CONTRIBUTING CAUSE OF DEATH. OF street, office bldg., etc., INJURY Farm Dor. Md. Cambridge 21f. HOW DID INJURY OCCUR? 21d. TIME (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED While at (Very hot day) INJURY 7-28-55 Heat stroke work at work 22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and find that eath resulted from: Natural causes [, Accident X , Suicide [, Homicide [, Undetermined cause [] . CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. SIGNATURE DATE SIGNED 23. BURIAN, CREMATION, REMOVAL (Specify): DATE THEREOF NAME OF CEMETERY OR CREMATORY Cambridge, Maryland (State) August Waugh Cemetery 24. FUNERAL DIRECTOR DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS Herbert St. Clair Cambridge. Md.

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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

| MARYLAND | STATE | DEPARTMENT | OF | HEALTH—BALTIMORE, | 18 | 06618 |
|----------|-------|------------|----|-------------------|----|-------|
|----------|-------|------------|----|-------------------|----|-------|

| MARYLAND STATE DEPARTMEN | T OF HEALTH—BALTIMORE, 18 | 06613 |
|---|--|----------------------|
| 66 3 CERTIFICATE | E OF DEATH Reg. Dist. | No. 116 |
| I. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED |): |
| COUNTY Dorchester MARYLAND | STATE Maryland COUNTY Howar | nd |
| CITY (If outside corporate limits, write RURAL) LENGTH OF STAY | CITYIIf outside corporate limits, write RURAL ar | nd give nearest town |
| OR and give nearest town) (in this place) /3 TOWN Cambridge 3 weeks | OR TOWN Ellicott | 13x-2 |
| HOSPITAL OR | STREET (If rural give location) | UN CA |
| STREET ADDRESS Cambridge Maryland Hospital | ADDRESS | / |
| 3. NAME OF (First) (Middle) DECEASED: (Type or Print) GODFREY C. LUT) | OF | (Year) 19 55 |
| 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, WIDOWED, WIDOWED 1-22- | 1999 O / yrs. | Ays Hours Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): 12. | CITIZEN OF WHAT |
| even if retired): Farmer General Farm | | S.A. |
| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | |
| Samuel Luthy | Mary Ann Luthy | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: | |
| (Yes, no, or unk.) (If Yes, give war or dates of service) not known | John Luthy: RFD#1. Cambridge. | . Maryland |
| 18. MEDICAL CERTIFICAT | | INTERVAL BETWEEN |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | A . A | ONSET AND DEATH |
| IMMEDIATE CAUSE (A) Ausocar | dial Facture | 3 / 44 |
| ANTECEDENT CAUSE (S) | | |
| DISEASES OR CONDITIONS, IF ANY, (B) WESTER | | Donella |
| STATING UNDERLYING CAUSE LAST. | Perotie Cardis vascular | 77000 |
| (c) re- | aid and | 7 |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | | |
| DISEASE OR CONDITION CAUSING DEATH. | | |
| 194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION | V | 20. AUTOPSY? |
| hour | | YES NO D |
| 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., (IF EITHER, NOTIFY MEDICAL EXAMINER) | tory. etc. 21c. WHERE DID (City or town) (County etc.) | y) (State) |
| 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while | 21F. HOW DID INJURY OCCUR? | |
| OF INJURY M. While at work at work | | E/ (4.3) |
| 22. I hereby certify that I attended the deceased from 6-12. | , 1955, to 7-/ , 1955, that I last | saw the decease |
| alive on | 3: 50 A.M., from the causes and on the date s | tated above. |
| | . D. Cembrilge, Karyland | 7-3-55 |
| 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (SPECIFY) Burial 7-3-1955 Greenlawn Ce | emetery Cambridge, | county) (State |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR LaCompte Funeral Service | ADDRESS |

SS61 11 1022

BULLIN V. S.

| MARYLAND STATE DEPARTMENT OF I | | 06614 Reg. Dist. |
|---|--|----------------------------------|
| MEDICAL EXAMINER'S CER | TIFICATE OF DEATH | No. 116 |
| | 2. USUAL RESIDENCE (HOME) OF DECEASED: | |
| COUNTY Dorchester MARYLAND | | nester |
| OR and give nearest town TOWN Cambridge LENGTH OF STAY | CITY (If outside corporate limits write RURAL and OR TOWN Galestown | l give nearest town) |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital | STREET (If rural, give location) | / |
| NAME OF (First) (Middle) DECEASED: | (Last) 4. DATE (Month) (Day | |
| | aston DEATH July 2 | 1955 |
| RACE: WIDOWED, DIVORCED. | OF BIRTH: 9. AGE last birthday: IF UNDER I V. 83 yrs. Months De | |
| oa. USUAL OCCUPATION (Give kind of work done during most of work life, even if retlred): Merchant 10b. KIND OF BUSINESS OF INDUSTRY: Retail Store | | CITIZEN OF WHAT COUNTRY? |
| 3. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | |
| James Matton | Mary Elizabeth Marshall | |
| Yes, no, or unk.) (II Yes, give war or dates of | 17. INFORMANT & ADDRESS: Eastern Shore State Hospital Reco | ords |
| 18. MEDICA | AL CERTIFICATION | 1. |
| DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | | INTERVAL BETWEEN ONSET AND DEATH |
| Myocardial Failur | e | 9 days |
| Immediate cause (a)DUE TO | | |
| Antecedent cause(s) | | 10 years |
| Diseases or conditions, if any, (b)Arterio Sclerosis | | 10 30015 |
| giving rise to the above cause DUE TO stating underlying cause last | | |
| d. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | Reaction Depressive Type | over 14 years |
| TO THE DEATH DIE NOT DELATED TO THE | red Hip | |
| 9a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: | | 20. AUTOPSY? Yes No. |
| 1a. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING OF Street, office bldg., etc., CAUSE OF DEATH. | County) | (State) |
| Id. TIME (Month) (Day) (Year): Indian ele. INJURY OCCURRED While at Not while INJURY June 24. 1955 M. work at work | Fell to floor while arising : | from chair |
| 22. I hereby certify that I took charge of the remains describ | | |
| find that death resulted from: Natural causes [], Accid | dent , Suicide , Homicide . Undeter | mined cause []. |
| IGNATURE Colors More | CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM. | DATE SIGNED |

23. BURIAL, CREMATION, REMOVAL (Specify): Galestown, Maryland DATE THEREOF MAME OF CEMETERY OR CREMATORY (State) Galestown Cemetery July 6,1955 DATE REC'D BY LOCAL REG. 7 - 6 - 55 J.J. Framptom and Son, Federalsburg, Md. REGISTRAR'S SIGNATURE

BUREAU V. S. Source of the second se CONTRACTOR OF THE PROPERTY OF THE PARTY OF T ALL A PER CALLED A STREET OF THE STREET, TAIL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Cambridge, Maryland

| CITY(If outside corporate limits, von Cambridge, Martin Cambridge, | Month) (Day) July 22 lay Funder : Year Months Days rs. Manyland idge, Md. | (Year) 19 55 IF UNDER 24 HRS. Hours Min. ZEN OF WHA' NTRY? U.S. |
|--|--|---|
| CITY(If outside corporate limits, von Cambridge, Mary Phoebus 17. INFORMANT & ADDRESS: CITY(If outside corporate limits, von Cambridge, Mary Phoebus 17. INFORMANT & ADDRESS: J. Allen Meekins, Cambridge, Mary Phoebus 18. Cambridge, Mary Phoebus 19. Allen Meekins, Cambridge, Mary Phoebus | write RURAL and give the state of the state | (Year) 19 55 IF UNDER 24 HRS. Hours Min. ZEN OF WHA' NTRY? U.S. |
| asti d. DATE (ins DEATH: 1876 79 yr 11. BIRTHPLACE (State or foreign of the months) Allen, Wicomico County 14. MOTHER'S MAIDEN NAME: Mary Phoebus 17. INFORMANT & ADDRESS: J. Allen Meekins, Cambron | Month) (Day) July 22 lay Funder : Year Months Days recountry): 12. CITI COU Y, Maryland idge, Md. | 19 55 IF UNDER 24 HRS. Hours Min. ZEN OF WHA'NTRY? U.S. |
| ast) ins DEATH: OF DEATH: 9. AGE last birthd 1876 79 VI II. BIRTHPLACE (State or foreign of Allen, Wicomico Count) 14. MOTHER'S MAIDEN NAME: Mary Phoebus 17. INFORMANT & ADDRESS: J. Allen Meekins, Cambr | Month) (Day) July 22 lay Funder 1 Year Months Days rs. 12. CITI COU y, Manyland ridge, Md. | 19 55 IF UNDER 24 HRS. Hours Min. ZEN OF WHA'NTRY? U.S. |
| ins DEATH: 9. AGE last birthd, 1876 79 11. BIRTHPLACE (State or foreign of Allen, Wicomico Count) 14. MOTHER'S MAIDEN NAME: Mary Phoebus 17. INFORMANT & ADDRESS: J. Allen Meekins, Cambron | July 22 Apy If UNDER 1 YEAR Months Days Fountry 12. CITI COU Y, Maryland Marylan | 19 55 IF UNDER 24 HRS. Hours Min. ZEN OF WHA'NTRY? U.S. |
| DEATH: 9. AGE last birthd 1876 79 11. BIRTHPLACE (State or foreign of Allen, Wicomico County 14. MOTHER'S MAIDEN NAME: Mary Phoebus 17. INFORMANT & ADDRESS: J. Allen Meekins, Cambr | months Days recountry): 12. CITI COU y, Manyland ridge, Md. | Hours Min. ZEN OF WHAT NTRY? U.S. |
| 9. AGE last birthd 1876 79 9. AGE last birthd 11. BIRTHPLACE (State or foreign of Allen, Wicomico County 14. MOTHER'S MAIDEN NAME: Mary Phoebus 17. INFORMANT & ADDRESS: J. Allen Meekins, Cambr | months Days re. Months Days rountry): 12. CITI COU y, Manyland ridge, Md. | Hours Min. ZEN OF WHAT NTRY? U.S. |
| Allen, Wicomico County 14. MOTHER'S MAIDEN NAME: Mary Phoebus 17. INFORMANT & ADDRESS: J.Allen Meekins, Cambr | idge,Md. | U.S. |
| Mary Phoebus 17. INFORMANT & ADDRESS: J.Allen Meekins, Cambr | idge,Md. | U.S. |
| Mary Phoebus 17. INFORMANT & ADDRESS: J.Allen Meekins, Cambr | idge,Md. | ERVAL BETWEEN |
| J.Allen Meekins, Cambr | INT | |
| J.Allen Meekins, Cambr | INT | |
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| | 20 YE | S NO T |
| | n) (County) | (State) |
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| V. 19 48 to 22 JULY 93 | that I last saw | the decease |
| 2 Noon from the causes and and ADDRESS | on the date state | ed above. |
| | (City, town, or coul | ty) (State |
| 1 | etc. INJURY OCCUR? 21F. HOW DID INJURY OCCUR. 12 Noon ADDRESS | tory, 21c. WHERE DID (City or town) (County) etc. INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 12, 19, 7, 19, 7, that I last saw 12 Noon M, from the causes and on the date state ADDRESS DATE SI |

24. FUNERAL DIRECTOR Kenneth R. Thomas

10 - 53 A15. VS.

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARGIN RESERVED FOR BINDING

BUREAU V. S.

1955 TUL 27 1955

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

| 1 6698 | CERTIFICAT | E OF DEA | TH | Reg. Dist | No. //6 |
|--|---|---|-----------------|-----------------------|-----------------------|
| 1. PLACE OF DEATH: | | 1 2. USUAL RESIDE | NCE (HOME) | OF DECEASED: | |
| Donoboston | | | | | Don |
| CITY (If outside corporate limits, write | MARYLAND | | ryland | | nd give nearest town) |
| UK and give nearest town) | (in this place) | OR | e corporate iim | its, write KUKAL a | nd give nearest town) |
| 13 TOWN Cambridge | life | | mbridge | | 13 |
| HOSPITAL OR INSTITUTION OR | | STREET ADDRESS | (1 | f rural give location |) / |
| STREET ADDRESS | | 16 | 7 Washi | ngton St | |
| 3. NAME OF (First) | (Middle) | (Last) | 4. DATE | (Month) (Day | (Year) |
| DECEASED: (Type or Print) Jooelyn | L. | Opher | OF DEATH: | July 16 | 5 19 55 |
| 5. SEX: S. COLOR OR 7. SING | LE. MARRIED. 8. DATE | OF BIRTH: | 9. AGE last bi | | EAR IF UNDER 24 HRS. |
| Female Negro (Spec | owed, divorced, Single June | e 11. 1954 | 3 | yrs. Months D | Hours Min. |
| 10s. USUAL OCCUPATION. Give kind of | 10b. KIND OF BUSINESS O | R II. BIRTHPLACE | (State or fore | eign country): 12. | CITIZEN OF WHAT |
| work done during most of working life, even if retired): | INDUSTRY: | - | | | COUNTRY? |
| 13. FATHER'S NAME: | | Dorches | EN NAME: | nty-ra | USA |
| | | a 12 | 779 | | |
| Emerson Opher 15 WAS DECEASED EVER IN U.S.ARMED FORCES | 21 IC SOCIAL SPECIFICA NO. 1 17 | Catherine | e Ennal | S | |
| (Yes, no, or unk.) (If Yes, give war or dates of | f | rather . | | | |
| service) | | 167 Washing | ton St- | Cambridge | Md . |
| | 18. MEDICAL CERTIFICAT | ION | | | Interval Between |
| I. DISEASES OR CONDITIONS DIRECTL | | | | | Onset And Death |
| Immediate cause | a) Hydrocepha | lus | | | |
| DUE | | | | | |
| Antecedent causes (s) Diseases or conditions, if any, | b) | | | | |
| giving rise to the above cause stating the underlying cause last. DUE | , | *************************************** | •••••• | | |
| | -) | | | | |
| 11. OTHER SIGNIFICANT CONDITIONS | c) | | | | |
| Conditions contributing to the death but related to the disease or condition causin | not death. | | | | |
| 19a. DATE OF OPERATION: 19b. MAJO | | | | | 20. AUTOPSY ? |
| | | | | | Yes No No |
| 2I. ACCIDENT (Specify) PLA OF INJUICIDE INJUICIDE | CE (Home, farm, factory, stree office bldg., etc.) | t, (CITY OR TOW) | N) | (COUNTY) (S | STATE) |
| TIME (Month) (Day) (Year) (Hour) | INJURY OCCURED | HOW DID INJURY | OCCUR? | | |
| INJURY m. | While at Not While Work At Work | | | | |
| 22. I hereby certify that I attended t | the deceased from 1. De | c 195 to 16 | Jul 19 | 55, that I last | saw the deceased |
| alive 1616 July 1955 and | that death occurred at | 10 AM | the course | and on the date | stated above |
| SIGN TYPE | (Degree or title) | ADI | RESS | D. | ATE SIGNED |
| J. EDW | IN FASSETT, M.D. | -227 Pine S | t-Camb. | .Md. July | y 16, 1955 |
| 23. BURIAL, CREMATION, DATE THER | EOF NAME OF CEMETE | RY OR CREMATORY | LOCATIO | N (City, town, or co | unty) (State) |
| Burial 7-17-5 | | Cemetery | Camb | ridge, Md | |
| DATE REC'D BY LOCAL REGISTRAR REGISTRAR | 'S SIGNATURE | 24. FUNERAL DIRECTOR | CTOR | | ADDRESS |
| REGISTRAR (John) | Thore The De | H.M. StCla | Ir, Jr. | , migh St. | -camp.ru. |

MARGIN RESERVED FOR BINDING

NECEIVED

BUREAU V. K.

ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 9, Film 185 8-12-55 et

REGISTRAR'S SIGNATURE

| | bb / CERTIFICAT | E OF DEATH Reg. Dist. | No. //6 |
|----|--|---|------------------|
| | . PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED | : |
| | county Dorchester MARYLAND | STATE Mariland county Dorches | ster |
| | CITY (If outside corporate limits, write RURAL cin this place) TOWN Cambridge | Y CITY(If outside corporate limits, write RURAL and OR TOWN Cambridge | |
| 6 | HOSPITAL OR JINSTITUTION OR Cambridge Maryland Hospital | STREET (If rural give location) | 1 |
| 3 | NAME OF (First) (Middle) | (Last) 4. DATE (Month) (D | ny) (Year) |
| | DECEASED: (Type or Print) ROSALTE PAUL PIS | AK OF DEATH: JULY 3 | 1 19 55 |
| 1 | SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed 8-19- | 9. AGE last birthday 15 UNDER 1 VE | Ays Hours Min. |
| 10 | A. USUAL OCCUPATION (Give kind of work done during most of working life. OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): 12. (| COUNTRY |
| - | even if retired): Housewife Town Home 3. FATHER'S NAME: | New Jersey U.S. | S.A. |
| | John M. Paul | Emma Mishwitz | |
| | WAS DECEASED EVER IN U.S. ARMED FORCES: 16. SOCIAL SECURITY ND. | 17. INFORMANT & ADDRESS: | |
| 1 | no of service) none | Miss. Barbara Vincint: Cambrid | ge. Md. |
| 1 | 18. MEDICAL CERTIFICA | | INTERVAL BETWEEN |
| | DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | ONSET AND DEATH |
| | IMMEDIATE CAUSE (A) | emin | 4 whs |
| | ANTECEDENT CAUSE (8) | 0 . 0 | C |
| | DISEASES OR CONDITIONS, IF ANY, SIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. | 1. O to all of | James. |
| L | (c) arl | envilente C.V. Duran | 3/4 |
| I | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | lana Coli | me. |
| 1 | 9a. DATE OF OPERATION: 198, MAJOR FINDINGS OF OPERATION | ON | 20. AUTOPSYT |
| 0 | A ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, farm | actory, 21c. WHERE DID (City or town) (County c., etc. INJURY OCCUR? | (State) |
| | D. TIME (Month) (Day) (Year) (Hour) 2 IE INJURY OCCURRE While Not while at work at work | ED 21F. HOW DID INJURY OCCUR? | |
| 2 | 2. I hereby certify that I attended the deceased from alive on 19, and that death occurred a | , 19.54, to 7-3/, 19.55that I last | saw the deceased |
| 1 | SIGNATURE | ADDRESS DAT | E SIGNED |
| | SNBannan | | -1-55 |
| 2 | 3. BURIAL, CREMATION, DATE THEREOF NAME OF CEME | TERY OR CREMATORY LOCATION (City, town, or | county) (State) |

24. FUNERAL DIRECTOR LeCompte Funeral Service Cambridge, Maryland

- 10 - 53 A15-VS.

MARGIN RESERVED FOR BINDING

UNFADING INK.

WITH

OR WRITE PLAINLY.

TYPE

PLEASE

DATE REC'D BY LOCAL

REGISTRAR

Supply every item of information carefully. The

BUREAU V. E.

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MARGIN RESERVED FOR BINDING

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VS.

| 1. PLACE OF DEATH: | 2. USUAL RESIDEN | NCE (HOME) OF DECE | ASED: | |
|--|---------------------------|----------------------------|---------------------------------|--|
| county Dorchester MARYLAND | STATE Md. | COUNTY Ke | ent. | |
| CITY (If outside corporate limits, write RURAL LENGTH OF STAY | | orporate limits, write RUF | | |
| X TOWN rural Cambridge (in this place) | TOWN Rock | Hall | 14x-2 | |
| HOSPITAL OR | STREET ADDRESS | (If rural give loca | ntion) | |
| STREET ADDRESS Eastern Shore State Hospital | ADDICESS | | 1 | |
| The state of the s | (Last) | 4. DATE (Month) | (Day) (Year) | |
| (Type of Time) | TER | DEATH: July | 18 19 55 | |
| 5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. 8. DATE WIDOWED, DIVORCED, 12/25/ | OF BIRTH: 9. | AGE last birthday Montl | | |
| OA. USUAL OCCUPATION (Give kind of work done during most of working life, OR INDUSTRY: | II. BIRTHPLACE (S | tate or foreign country): | 12. CITIZEN OF WHA | |
| even if retired): farmer | Md. | | U.S. | |
| 13. FATHER'S NAME: | 14. MOTHER'S MAI | DEN NAME: | | |
| William Porter | Mina Smi | Lth | | |
| IS. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO. | 17. INFORMANT & | | | |
| (Yes, no, or unk.) (If Yes, give war or dates unk, of service) | Eastern Shore | State Hospital | records | |
| 18. MEDICAL CERTIFICAT | | | INTERVAL BETWE | |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | | ONSET AND DEA | |
| 33/X IMMEDIATE CAUSE (A) Cerebral he | morrhage | | | |
| ANTECEDENT CAUSE (8) | | | | |
| DISEASES OR CONDITIONS, IF ANY, (B) Cerebral ar | teriosclerosis | 3 | | |
| GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. | | | | |
| (C) | And the second | | | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | | | | |
| DISEASE OR CONDITION CAUSING DEATH. | | | | |
| 19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION | N - | | YES NO | |
| 21a. ACCIDENT WAS UNDERLYING County 21b. PLACE (Home, farm, factory, of contributing Cause of Death of Injury street, office bldg., etc. 21c. Where DID (City or town) (County) (State) Cause of Death of Injury of County (County) Cause of Death of County (County) Cause of County | | | | |
| TID. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work | | | | |
| 2. I hereby certify that I attended the deceased from 12/15/52, 19, to7/18, 19.55, that I last saw the dec | | | | |
| alive on | 2:10p M, from the ADDRESS | causes and on the | late stated above. DATE SIGNED | |
| Thomas J. Dudge M | .D.E.S.S.H., C | mbridge, Ad. | 7/18/55 | |
| | ERY OR CREMATORY | LOCATION (City, tov | vn, or county) (Sta | |
| | 2- | 100 | 2 | |
| DATE REC'D BY LOCAL REGISTRAR'S, SIGNATURE | OUR 24. FUNERAL DI | Chesterlow | w Hent m | |

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BUREAU V. E.

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| The | MARYLAND STATE DEPARTMENT | | 06619 |
|---|--|--|----------------------------|
| carefully. | CERTIFICATE | | t. No. 116 |
| | 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASE | :D: |
| are egi | COUNTY Dorchester MARYLAND | STATE/Many Sand COUNTY/al | Lol |
| item of information of death clearly and | CITY (If outside corporate limits, write RURAL or and give nearest town) Town rural Cambridge CITY (If outside corporate limits, write RURAL (in this place) Town rural Cambridge | CITY(If outside orporate limits, write RURAL OR TOWN | 20X - 2 |
| | HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital | STREET (If rural give ideation ADDRESS | |
| | 3. NAME OF (First) (Middle) DECEASED: (Type or Print: Lacy Robins | OF | Day) (Year) |
| | 5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. 8. DATE WIDOWED. DIVORCED. (Specify): Marriel June | OF BIRTH: 9. AGE iast birthday IF UNGER 1 | |
| y every causes | 10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired): | Maryland | CITIZEN OF WHAT |
| Supply ite the c | 13. FATHER'S NAME: | 14. MOTHER'S MAJOEN NAME: | |
| INK. Se writ | (Yes, no, or unk.) (If Yes, give war or dates of service) 15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO. | Mrs. a. Rolinson Card | ova med |
| 5 8 | 18. MEDICAL CERTIFICAT | The state of the s | INTERVAL BETWEEN |
| ADIN s: pl | I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | ONSET AND DEATH |
| AI | IMMEDIATE CAUSE (A) | ho-kneumonia | Vone |
| UNE | ANTECEDENT CAUSE (8) | DAT. | |
| WITH UNFA | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO | al Menoseler- | |
| nt. | II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | | |
| NLY, W | TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | |
| AINLY | 194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION | v | 20. AUTOPSY? |
| . 7 | None / | | YES NO T |
| WRITE PL | 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (1F EITHER, NOTIFY MEDICAL EXAMINER) | tory. 21c. WHERE DID (City or town) (Cour etc. INJURY OCCUR? | nty) (State) |
| | 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While While at work at work | 21F. HOW DID INJURY OCCUR? | |
| OF | 22. I hereby certify that I attended the deceased from | 10, 1955, to Jeg 2, 1955, that I las | t saw the deceased |
| TYPE rect ag | alive on 1955, and that death occurred at SIGNATURE | ADDRESS DA | stated above. TE SIGNED |
| | Thomas Dudge A M | . Lambudge Md | 7-2-55 |
| EASE | Burial, CREMATION, DATE THEREOF NAME OF CEMETE 1/5/55 1/2000 | 20 STEENSON (City, town, of | md . (State) |
| PL | DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR'S ASSET GARLY MALL MILLS | 1. E. Boulain Greenstor | ADDRESS . |

BUREAU V. S.

SSOL II TIII

DECEMBED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

| C | C | 2 | 4 |
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| n. | n | 1. | - |

| | | | 111 |
|------|-------|-----|-----|
| Reg. | Dist. | No. | /// |

| · T | | 6621 CERTIFICATE | E OF DEATH Reg. Dist. No. /// |
|-------------------------------------|-----------------------|--|---|
| information carefully | ly and legibly. | 1. PLACE OF DEATH: Dorchester COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) Town East New Market, R.F.D. HOSPITAL OR INSTITUTION OR | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester CITY (If outside corporate limits, write RURAL and give nearest town OR TOWN East New Market, R.F.D. STREET (If rural give location) |
| f inform | death clearly | 3. NAME OF (First) (Middle) | (Last) East New Market, R. F. D. (Year) |
| ry item of | of | 5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. 8. DATE RACE: WIDOWED DIVORCED. RACE: Specify): Married April | of BIRTH: 9. AGE last birthday Months Days Hours Min. 11. BIRTHPLACE (State or foreign country): [12. CITIZEN OF WHAT |
| BINDING Supply every | e causes | 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWILE 13. FATHER'S NAME: | Greenville, Wisconsin Country? 14. MOTHER'S MAIDEN NAME: |
| BINDIN | te th | Albert Peters | Fredericks Silverstorch |
| FOR INK. | NK. Su e write | (Yes, no, or unk.) (If Yes, give war or dates of service) 16. Social Security No. | Wm.F.Schlueter, East New Market, R.F.D. |
| MARGIN RESERVED Y, WITH UNFADING | t. Physicians: please | I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 170 X IMMEDIATE CAUSE ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. 18. MEDICAL CERTIFICAT (A) DUE TO (B) DUE TO (C) | tatic adeno carciniona 1. Mammany gland 17/49 |
| MA MA | important | II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION | |
| PLAI | | Oct. 7.19491 adenocarcenom | a Regla Preast. YES NO |
| | especially | 21a. ACCIDENT WAS UNDERLYING ☐ 21a. PLACE (Home, farm, fact OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) | ory. 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR? |
| R WRITE | .02 | ZID. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work | NA 1 1 ST |
| S. A15 — 10 - 53 PLEASE TYPE O | correct age | alive on | 10;00 M, from the causes and on the date stated above. ADDRESS DATE SIGNED LOCATION (City, town, or count) Ret Cemetery Last New Market, Md. 24 FUNERAL DIRECTOR Kenneth R. Thomas, Cambridge, Md. |
| S | | REGISTRAR Elegabeth Somita | Remie on R. Hidmas, Campridge, Fid. |

BUREAU V. E.

OBAGENED SEC

VS.

6622 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CEPTIFICATE OF DEATH

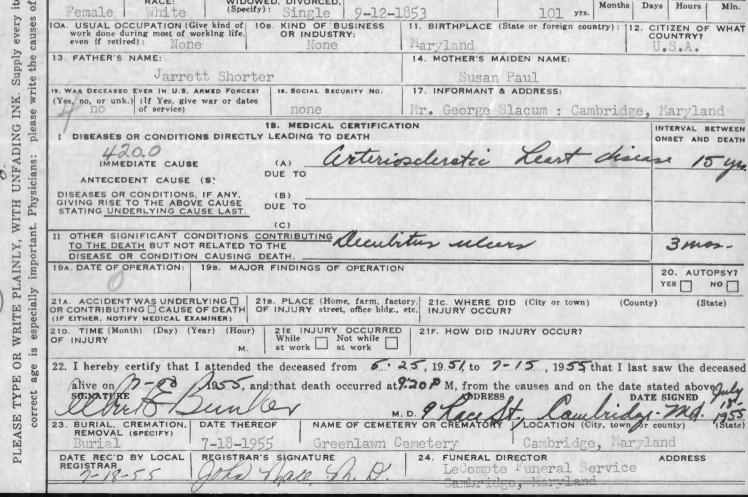
ORREG. Dist.

| MEDICAL EXAMINER S CER | TITICALE OF DEATH | No. |
|--|--|--|
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: | |
| county Dorchester MARYLAND | state Delaware county Susse | X |
| CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN near Woolford entire life | OR | give nearest town) |
| HOSPITAL OR INSTITUTION OR WOOLF ORD | STREET (If rural, give location) | 1 |
| 3. NAME OF (First) (Middle) DECEASED: | (Last) 4. DATE (Month) (Day henton DEATH July | (Year) |
| 6. SEX: 6. COLOR OR RACE: WIDOWED, DIVORCED, Specify): Single Sep | t.20,1948 6 See See 1 See 1 1 1 1 1 1 1 1 1 1 | ays Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Student 10b. KIND OF BUSINESS O INDUSTRY: | Dorchester Co., Md. | CITIZEN OF WHAT COUNTRY? USA |
| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | |
| Philip Henry Shenton | Velma Seabrease | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: | 17. INFORMANT & ADDRESS: | |
| service) none | Philip H. Shenton, Cannon, | Del. |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Accidental DUE TO | Drowning | INTERVAL BETWEEN ONSET AND DEATH Instant |
| stating underlying cause last (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | |
| 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: | · · | 20. AUTOPSY? Yes No |
| 21a. EXTERNAL CAUSE WAS PRIMARY K or CONTRIBUTING OF street, office bidg., etc CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while | nr. Cambridge. Dorcheste | (State) er Md. |
| INJURY (-4-55] PM. work □ at work □ | | - |
| 22. I hereby certify that I took charge of the remains descrifind that death resulted from: Natural causes , Accisionature | ident 🗖 , Suicide 🗌 , Homicide 🗍 , Undeter CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM | rmined cause DATE SIGNED 7-5-55 |
| REMOVAL (Specify): 7-6-55 Old Trinit | TY OR CREMATORY LOCATION (City, town, or co | |
| 7777 | Church Creek, | |
| 7/6/1955 Xohn Mace. M. +. | Kenneth R. Thomas, Cambrid | ige, Md. |

5561 11 JUL



A15



Reg. Dist. No. //6

(Day)

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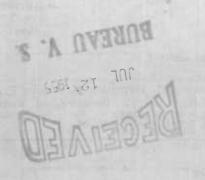
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| MARYDAND STATE | DEPARTMENT | oF | HEALTH—BALTIMORE, | 18 |
|----------------|------------|----|-------------------|----|
| MARYLAND STATE | DEPARTMENT | OF | HEALTH—BALTIMORE, | 18 |

Reg. Dist.

| MEDICAL EX | AVIINERS | CERTIFICATE | OF | DEATH | No. //6 |
|------------|----------|-------------|----|-------|---------|
|------------|----------|-------------|----|-------|---------|

| MINDICAL EXAMINER S CER | THICAIL OF DEATH No. 1/2 |
|---|---|
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
| county Dorchester MARYLAND | state Maryland county Dorchester |
| CITY (If outside corporate limits, write RURAL OR and give nearest town) (in this place) TOWN Cambridge | CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cambridge |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Race Street | STREET (If rural, give location) Race Street |
| 3. NAME OF (First) (Middle) DECEASED: | (Last) 4. DATE (Month) (Day) (Year) OF |
| Official District Diago | OF BIRTII: 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS. |
| Female Mhite WIDOWED, DIVORCED, (Specify): Harried 5-7 | -1893 62 yrs. Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife Own Home | 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? Maryland U.S.A. |
| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: |
| Hayward Shorter | Sophronia Burton |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (1f Yes, give war or dates of service) 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: Race Street Mr. Harry Slacum, Cambridge, Maryland |
| 110110 | AL CERTIFICATION |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | INTERVAL BETWEEN |
| 420.1 Commons Doors | ONSET AND DEATH |
| Immediate cause (a) Coronary Occuls | sion 5 Min, s |
| DUE TO | |
| Antecedent cause(s) Diseases or conditions, if any, (b) | |
| giving rise to the above cause DUE TO stating underlying cause last (c) | |
| II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | |
| 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes □ No ■ |
| 21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF Street, office bldg., etc., INJURY | |
| 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. Work [] at work [] | 21f. HOW DID INJURY OCCUR? |
| | oed above, held an Autopsy [], Inspection [, Inquiry [], and |
| | lent [], Suicide [], Homicide [], Undetermined cause [] |
| SIGNATURE CALL TO THE O | CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM. |
| 23. BURIAL CREMATION, DATE THEREOF DAME OF CEMETER | = // 9/ 55 |
| REMOVAL (Specify): 7-10-1955 Forchester Me | morial Park Cambridge, Maryland |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS |
| 1.10.55 In. John Ypul | LeCompte Funeral Service |
| | Cambridge, Maryland |



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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| 3 | 6 | - | 11 |
| J | U | | U |

carefully. The

Supply every item of information

MARGIN RESERVED FOR BINDING

UNFADING INK.

PLEASE TYPE OR WRITE PLAINLY,

Herbert M. St. Clair, Jr., Cambridge, Md.

| 6610 CERTIFICAT | E OF DEATH Reg. Di | st. No. //6 |
|---|--|---|
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEAS | ED: |
| county Dorchester MARYLAND | | rchester |
| CITY (If outside corporate limits, write RURAL and give nearest town) 12 TOWN Company of the corporate limits, write RURAL (in this place) (in this place) | OR | and give nearest town |
| HOSPITAL OR Cambridge 35 yrs | STREET (If rural give location | n) / |
| MINSTITUTION OR STREET ADDRESS 61 Park Lane | ADDRESS 61 Park Lane | / |
| 3. NAME OF (First) (Middle) | (Last) 4. DATE (Month) | (Day) (Year) |
| OECEASED: (Type or Print) MARY ET.TZABETH | STAFFORD OF DEATH: July | 25 19 55 |
| | OF BIRTH: 9. AGE last birthday IF UNDER Months | Days Hours Min. |
| 10A. USUAL OCCUPATION Give kind of work done during most of working life, even If retired): | 11. BIRTHPLACE (State or foreign country): 12 | COUNTRY? |
| Housewife Homemaking 13. FATHER'S NAME: | Dorchester County, Md 1 | USA |
| Levin Cephas | Annabell Stanley | |
| 15. WAS DECEASED EVER IN U.S. ARMEO FORCEST 18. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: | |
| (Yes, no, or unk.) (If Yes, give war or dates of service) | I A Gt G | |
| 18. MEDICAL CERTIFICA | Joseph A. Stafford, Cam | INTERVAL BETWEE |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 1 X IMMEDIATE CAUSE (A) Exidence (A) | noid Careinoms of convicted | ONSET AND DEAT |
| ANTECEDENT CAUSE (S) | general metastacio | / |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO | | |
| (C) | | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | |
| 194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO | N . | 20. AUTOPSY? |
| 0 | -/ | YES NO |
| 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING 2AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | ctory. 21c. WHERE DID (City or town) (Cou., etc. INJURY OCCUR? | inty) (State) |
| 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work at work | D 21F. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from | My, 1954, to 14 July 1955, that I la | st saw the decease e stated above. ATE SIGNED |
| 23. BURIAL, CREMATION. PATE THEREOF NAME OF CEMET | ck Cemetery RFD #1 Cambr | |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |

BUREAU V. S.

10F S8 1822

BECEINED

| MARYLAND | STATE | DEPARTMENT | OF | HEALTH—BALTIMORE, | 18 | 06625 |
|----------|-------|------------|----|-------------------|----|-------|
|----------|-------|------------|----|-------------------|----|-------|

| MARYLAND | STATE | DEPARTMENT | OF | HEALTH—BALTIMO | RE, | 18 | 11665 |
|----------|-------|------------|----|----------------|------|-------|---------|
| 6623 | CEF | RTIFICATE | OF | DEATH | Reg. | Dist. | No. //6 |

| The | MARIDAND STATE DELARIMEN | of mealin-dalimore, 18 | unnza |
|-----------------------------------|--|--|------------------------|
| | 6623 CERTIFICATI | E OF DEATH Reg. Dis | t. No. //6 |
| carefully. | 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASE | D: |
| carefull legibly. | county Dorchester MARYLAND | | haston |
| le le | CITY (If outside corporate limits, write RURAL) LENGTH OF STAY | CITY(If outside corporate limits, write RURAL | and give nearest town) |
| tion | OR and give nearest town) (in this place) | or Town Andrews | 1/ |
| ati y a | HOSPITAL OR | STREET (If rural give location | <u> </u> |
| of information ath clearly and | STREET ADDRESS P.O. | ADDRESS P.O. | |
| in h c | 3. NAME OF (First) (Middle) DECEASED: | | (Day) (Year) |
| m of i | (Type or Print) VILLIAM ROLLINGS | FODD) OF DEATHJULY | 15 1955 |
| ite | 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED. White (Specify): "arried 2-9-18 | OF BIRTH: 9. AGE last birthday IF UNDER 1 | Days Hours Min. |
| causes | 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS | 11. BIRTHPLACE (State or foreign country): 12. | CITIZEN OF WHAT |
| car | even if retired): Waterman Fishing Indust | Maryland U. | S.A. |
| | 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | |
| K. Supply write the c | Robert J. Todd | Mary Wroten | |
| . 'E | 15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates | 17. INFORMANT & ADDRESS: | |
| | unknown of service) not known | rs. Eva S. Todd: Andrews , I | aryland |
| G IN | 18. MEDICAL CERTIFICAT | | INTERVAL BETWEEN |
| Z | I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | ONSET AND DEATH |
| 25 | 592X | an la Curas | 1 100 |
| ans | IMMEDIATE CAUSE (A) | ac failure | 7 |
| UN | ANTECEDENT CAUSE (S: | | |
| TH UNFADING Physicians: plea | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO | | |
| | STATING UNDERLYING CAUSE LAST. | | |
| AINLY, Wimportant. | II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | | |
| 'Y', | TO THE DEATH BUT NOT RELATED TO THE | mie nesbritis | 142 |
| N | DISEASE OR CONDITION CAUSING DEATH | | |
| PLAINLY lly import | TOS. DATE OF CHATTON. | | 20. AUTOPSY? |
| PL ly | | | |
| | 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., (If either, notify medical examiner) | tory. 21c. WHERE DID (City or town) (Cour | nty) (State) |
| WRITE | 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while | 21F. HOW DID INJURY OCCUR? | |
| 80 1 | M. at work at work | | |
| ge i | 22. I hereby certify that I attended the deceased from alive on July 11, 1957, and that death occurred at | 1 1957, to July 15, 1951, that I las | t saw the deceased |
| च क | alive on July 11, 1957, and that death occurred at | 115-A.M. from the causes and on the date | stated above. |
| TYPE rect ag | SIGNATURE | ADDRESS | TE SIGNED |
| SE TYI | afra R. manyanol | .D. 136 Race &, Cambridge | 7/19/5) |
| | PEMOVAL (ERECIEV) | ERY OR CREMATORY LOCATION (City, town, o | |
| PLEA | Burial 7-17-1955 Dorchester | Memorial Park Cambridge, Mar | yrand |
| PI | DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR | LeCompte Funeral Service | ADDRESS |

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| INK. | 1. |
| PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. | 11 |
| ant. | 15 |
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| | EAAWII | NER'S | CER' | TIFICATE | OF | DEA | HT | No. / | 10 |
|---|--|--|--------------------------------|------------------------------|------------------------|---------------------|---|------------------|------------|
| 1. PLACE OF DEATH: | | | | 2. USUAL RESIDEN | CE (HOME) | OF DECEA | ASED: | | |
| county Dorch | ester | MARYL | AND | STATE Mar | yland cot | INTY DO | rches | ter | |
| CITY (If outside corporat OR and give nearest to Y TOWN | e limits, write RI | JRAL LENGTII | OF STAY s place) | CITY (If outside OR TOWN Rhc | corporate limi | its write R | URAL and | d give near | rest town) |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | | | | STREET ADDRESS | (If | rural, give | location) | | / |
| DECEACED. | yronne | (Middle) | Won | (Last) gus | 4. DATE OF DEATH | (Month | | y) (Yea .8 19 | |
| 5. SEX: 6. COLOR RACE: Colore | ed (Spec | The second secon | May (| 3, 1955 | O. AGE last b | yrs. | Months D | Hou Hou | rs Min. |
| 10a. USUAL OCCUPATION work done during mos even if retired): In | (Give kind of t of work life, | 10b. KIND OF BU INDUSTRY: | Siness of None | Dorchester | | | | COUNTE S.A. | OF WHAT |
| 13. FATHER'S NAME: James Wo | ongus | | | 14. MOTHER'S MAI | | | | | |
| 15. WAS DECEASED EVER IN 1 (Yes, no for unk.) (If Yes, g service) | J.S. ARMED FORCES ive war or dates of | 16. Social Secur | ITY No.: | 17. INFORMANT & A | Phodesda | ale, ^M a | arylan | d | |
| In diseases or condition Immediate cause Antecedent cause(s Diseases or conditions, i giving rise to the above stating underlying cau II. OTHER SIGNIFICANT of TO THE DEATH BUT | (a) DUE TO) if any, (b) se last (c) CONDITIONS COL T NOT RELATE | MA. MA. MA. MA. MTRIBUTING TO THE | | tion | | | | ONSET | L Between |
| 19a. DATE OF OPERATION | | | RATION: | | | | *************************************** | 1 | TOPSY? |
| 21a. EXTERNAL CAUSE W PRIMARY ☐ or CONTRIE CAUSE OF DEATH. | AS BUTING 21b. | PLACE (Home, fa OF street, offic INJURY | rm, factory, e bldg., etc., | 21c. (City or tow | m) | (County) | | (Sta | |
| 21d. TIME (Month) (Day) OF INJURY | | | URRED Not while at work | 21f. HOW DID I | NJURY OCCU | JR? | | | |
| | | | an donomil | ed above, held ar | Autoney I | Inene | ection 67 | . Inquir | v 🗀 . and |

MEDICAL EXAMINEE'S CERTIFICATE OF DEATH &

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| and I would be present the property of | rec | WYHHI SO | (19. 1) | or ordered it | HO ROLOD II | |
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| DECENA | Haral | NA AVERSION OF | | | MARKET THE | |

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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| 6625 | CERTIFICAT | E OF DEATH | Reg. Dist. No. //6 |
|---|---|---|------------------------------------|
| 1. PLACE OF DEATH: COUNTY Dorches Te | MARYLAND | 2. USUAL RESIDENCE (HOME) STATE (LL) COU | 11000 |
| CITY (If outside corporate limits, write OR and give nearest town) | RURAL LENGTH OF STAY | | write RURAL and give nearest town) |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Inter 8h | re State Hoopital | STREET If rural | give location) |
| 3. NAME OF DECEASED: Type or Print SALLIE | TAULKNER | WOOTERS 4. DATE OF DEATH: | 1/11/10 16 5- |
| RACE: WIDOV | E. MARRIED. 8. DATE WED. DIVORCED. 0 | - 24 C/ 73 | Months Days Hours Min. |
| OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 11. BIRTH LACE (State or foreign of | country): 12. CITIZEN OF WHAT |
| 13. FATHER'S PAME: James Fan | Cknen . | 14. MOTHER'S WAIDEN NAME: | Smith |
| (15. WAS DECEASED EVER IN U.S. ARMEO FORCES! (16. no, or unk.) (If Yes, give war or dates of service) | | Jasten Store State | thopisal records |
| 1 | 18. MEDICAL CERTIFICA | TION | INTERVAL BETWEEN |
| 774X | (A) Auce | in no wer | ONSET AND DEATH |
| ANTECEDENT CAUSE (5) | DUE TO | | |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. | (B) DUE TO | | |
| II OTHER SIGNIFICANT CONDITIONS | (C) | | |
| TO THE DEATH BUT NOT RELATED TO | O THE | | |
| DISEASE OR CONDITION CAUSING | R FINDINGS OF OPERATIO | N | 20. AUTOPSY? |
| 1 home | | | YES NO |
| 21A. ACCIDENT WAS UNDERLYING A OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, fac OF INJURY street, office bldg. | etory, 21c. WHERE DID (City or town, etc. INJURY OCCUR? | (County) (State) |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E INJURY OCCURRE While Not while at work at work | D 21F. HOW DID INJURY OCCUR | 7 |
| 22. I hereby certify that I attended alive on | | 6.65 PM. from the causes and | on the date stated above. |
| SIGNATURE Clarge E. C. | . 6. | ADDRESS Single | HORIZE 3/19/56 |
| 23. BURIAL CREMATION DATE THER REMOVAL (SPICIFY) July 22 | 1955 Aprily H | el cluelly Eas | (City, town, or county) (State) |
| DATE REC'D BY LOCAL REGISTRAN REGISTRAN 7-23-55 | SIGNATURE / | FUNERAL DIRECTOR | ADDRESS MA JON EGILD MA |

MARGIN RESERVED FOR BINDING

A15 - 10 - 53

VS.

DECENSED

DUREAU V. S.

The

Supply every item of information carefully.

CERTIFICATE OF DEATH

Herbert M.St.Clair, Jr., Cambridge, Md.

| OERIIFICATI | d OF DEATH Reg. Dist | . No. // |
|--|---|----------------------------|
| 1. LACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASE | O: , |
| Dunty Dorchester MARYLAND | STATE Maryland COUNTY Dorc | hester |
| TY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place) | CITY(If outside corporate limits, write RURAL a | nd give nearest town |
| OWN Cambridge Life | TOWN Cambridge | 12 |
| NSTITUTION OR NSTITUTION OR High Street | STREET (If rural give location) ADDRESS 435 High Street | 1 |
| | (Last) 4. DATE (Month) (| Day) (Year) |
| Type or Print: MINNIE CHASE | OUNG DEATH: July | 27. 1955 |
| Finale 6. COLOR OR 7. SINGLE. MARRIED. WIDOWED, DIVORCED, (Specify): Widowed May 1 | OF BIRTH: 9. AGE last birthday IF UNDER 1 Y | Days Hours Min. |
| OA USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life. OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): 12. | COUNTRY? |
| even if retired) Laborer Domestic Work | Dorchester Co. Md | USA |
| 3 FATHER'S NAME: | | |
| Noah Holland | Adeline Mc Glott | en |
| MAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY No. | 17. INFORMANT & ADDRESS: | |
| of service) 218-20-6173 | Mrs. Helen Demby, Phila. | . Pa |
| 18. MEDICAL CERTIFICAT | | INTERVAL BETWEEN |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | ONSET AND DEATH |
| 420.0 | elerotic heart disease | |
| IMMEDIATE CAUSE (A) AL COLLUSC | Teronic mears arbears | |
| ANTECEDENT CAUSE (8) |) | |
| CIVING RISE TO THE ABOVE CAUSE DUE TO | Decompensation | |
| STATING UNDERLYING CAUSE LAST. | | |
| (C) I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | | |
| | uterine fibroid | |
| DA. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? |
| | | YES NO |
| A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac CONTRIBUTING CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER) | ctory. 21C. WHERE DID (City or town) (Country, etc. INJURY OCCUR? | ty) (State) |
| TD. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work | 2 21F. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from 21 | Jul 19 55to 27 Jul 1955 that I last | saw the decease |
| | | |
| alive on 27 Jul 1955, and that death occurred at | M, from the causes and on the date | stated above. TE SIGNED |
| SIGNATURE T FOUTH FASSETT | A.D. 227 Pine St-Camb., Md., | |
| 3. BURAL CREMATION. DATE THEREOF NAME OF CEMET | ERY OR CREMATORY LOCATION (City, town, or | r county) (State |
| REMOVAL (SPECIFY) | | |
| Burial 7/31/1955 Waugh Ceme | | aryland |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
| 2-155 John 4 Jace 41 D. | Herbert M.St.Clair, Jr., Ca | embridge, Mo |

PLEASE TYPE OR WRITE

MARGIN RESERVED FOR BINDING

FLAINLY, WITH UNFADING INK.

BUREAU X. E.

2961 8 1955

BECEIVED